CASIF—SHORT FORM—POST-REPAIR/REPLACEMENT SAFETY CHECKS

Client: _____ Date R/R Completed: _____

Contact attempts: (1)_____, (2)_____, (3)_____

If over 5 days to test, reason: _____

Instructions for Post-Repair/Replacement Safety Checks **(Also see Field Policy Preface for WIS Sec. 3.)**

(a) The same day Repair/Replacement is finish, if feasible, and no later than 5 calendar days afterward, each Repaired or Replaced appliance shall get minimum safety checks using this form, which must be properly completed and attached to a regular CASIF (or to CASIF page 1, if an ECIP job). If over 5 days needed to test, document reason & attempts on page 1.

(b) When Repair/Replacement occurs before Post-CAS CAS Testing, Post-Repair/Replacement Safety Checks are in addition to *Pre*-Wx CAS Tests. Plus, if *Post*-Wx CAS Testing is feasible, the R/R appliance is included in those tests.

(c) When Appliance Repair/Replacement occurs after Wx and Post-Wx CAS Testing, Post-R/R Safety Checks are in addition to Post-Wx CAS Tests for that appliance, and the completed Post-R/R Form is attached to the CASIF.

(d) If Post-Repair/Replacement Safety Checks reveal a CAS Fail for the Repaired/Replaced appliance, correction shall be made, and re-checks shall be performed, following procedures described in (a) above.

(e) For ECIP jobs with no weatherization, complete page 1 of the regular CASIF, and attach this completed form to it.

(F) AMBIENT CO MEASUREMENTS—REPAIRED/REPLACED SPACE HEATER

Living Space: **F-1:** *Initial*: _____ ppm ● **F-3:** *Second*: _____ ppm ▶ P **F** ● **F-4: Appliance:** _____ ppm *change* ▶ P **F**

Notes: _____

Legend: Y = Yes, N = No, NA = Not Applicable, U = Unverifiable, NF = Not Feasible ● Record Gas Leaks & Defects on Comments lines.
Heater Type: FAU = Forced Air Unit, WF = Wall Furnace, FF = Floor Furnace, DV = Direct Vent, FS = Free-Standing
Signature required on page 2. ● Attach to Short Form CASIF ● Item numbering is coordinated with the Full-Length CASIF.

(G) GAS HOME HEATING SYSTEM ☐ **Repaired,** ☐ **Replaced** ● ☐ **NA**	**Post-Repair/Replace Test**
G-3a Type Existing: kBtu/hr: _____ ▶ Draft: ☐ Nat. ☐ Ind. ● ☐ DV	Location:
G-3b Type Replaced: kBtu/hr: _____ ▶ Draft: ☐ Nat. ☐ Ind. ● ☐ DV	Location:
G-9 CVA: Existing: _____, Req'd: _____, Added: _____	Is CVA OK? Y **N** NA
G-10–15 Visual—Off:	Defects? **Y** N NA U
G-16–18 Visual—On:	Defects? **Y** N NA U
G-20 Open Door Tests—CO & Draft: ☐ Appliance Ambient CO—Flue Gas CO is NF ☐ Can't use Draft Gauge, doing "Smoke Test" ● Spillage Check:	Outdoor temperature: _____°F CO: _____, _____, _____, _____ ppm Draft: –_____ iwc/Pa P **F** NA Spillage present? **Y** N NA
G-21 Closed Door Tests—CO & Draft: ☐ NA ☐ Appliance Ambient CO—Flue Gas CO is NF ☐ Can't use Draft Gauge, doing "Smoke Test" ● Spillage Check:	_____, _____, _____, _____ ppm Draft: –_____ iwc/Pa P **F** NA Spillage present? **Y** N NA

(I) GAS WATER HEATER ☐ **Repaired,** ☐ **Replaced** ● ☐ **NA**	**Post-Repair/Replace Test**
I-3a Existing: _____ Gal, ☐ Tankless, kBtu/hr: _____ ▶ Draft: ☐ Nat. ☐ Ind. ● ☐ DV	Location:
I-3b Replaced: _____ Gal, ☐ Tankless, kBtu/hr: _____ ▶ Draft: ☐ Nat. ☐ Ind. ● ☐ DV	Location:
I-9 CVA: Existing: _____, Req'd: _____	Is CVA OK? Y **N** NA
I-10–11 Visual—Off:	Defects? **Y** N NA U
I-12–13 Visual—On:	Defects? **Y** N NA U

I-15 Open Door Tests—CO & Draft: ☐ Appliance Ambient CO—Flue Gas CO is NF ☐ Can't use Draft Gauge, doing "Smoke Test" ● Spillage Check:	Outdoor temperature: _____°F Highest CO: _____ ppm Draft: –_____ iwc/Pa P **F** NA Spillage present? **Y** N NA
I-16 Closed Door Tests—CO & Draft: ☐ NA ☐ Appliance Ambient CO—Flue Gas CO is NF ☐ Can't use Draft Gauge, doing "Smoke Test" ● Spillage Check:	Highest CO: _____ ppm Draft: –_____ iwc/Pa P **F** NA Spillage present? **Y** N NA

Legend: Y = Yes, N = No, NA = Not Applicable, U = Unverifiable, NF = Not Feasible ● Record Gas Leaks & Defects on Comments lines.

(J) GAS COOK STOVE & OVEN/BROILER ☐ **Repaired,** ☐ **Replaced** ● ☐ **NA**	**Post-Repair/Replace Test**
Existing Unit (Describe)	
Replaced Unit (Describe):	
J-2–3 Kitchen Exhaust issues? ☐ Mobile Home	Exhaust issues? Y **N** NA
J-4 • Cooktop—CO Readings:	LR _____, RR _____ ppm CO LF _____, RF _____ ppm CO 5th Burner _____ ppm CO NA
• Griddle—CO Readings:	Griddle: _____ ppm CO NA
J-5 Oven & Broiler—CO Readings: ☐ Single-Burner Oven: ☐ Two-Burner Oven: ☐ Broiler separate from Oven: ☐ Convection Oven: (Fan On & Off, highest reading)	 Oven: _____ ppm CO NA Broiler: _____ ppm CO NA

Comments: _____

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POST-TEST: Technician Signature: _____ Date: ____/____/____